

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8	1						58				
9		1					59				
10	1						60				
11		1					61				
12		2					62				
13		2					63				
14	1						64				
15		1					65				
16		1					66				
17	1						67				
18		2					68				
19		2					69				
20	1						70				
21		2					71				
22		2					72				
23	1						73				
24		1					74				
25		1					75				
26		1					76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	7						TOTAL IND.				
TOTAL DEP.	25						TOTAL DEP.				
TOTAL CLAIMS	32						TOTAL CLAIMS				